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MEDICAID MEMO

TO: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Providers and DMAS-Enrolled Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 8/23/2007

SUBJECT: Early Periodic Screening Diagnosis and Treatment (EPSDT) Screening and Developmental Assessments

The Department of Medical Assistance Services (DMAS) is committed to ensure that all covered children receive EPSDT screenings and developmental assessment. Our goal is to increase the number of children who receive EPSDT screenings and developmental assessment.

The purpose of this memo is to discuss the required components of an Early Periodic Screening Diagnosis and Treatment (EPSDT) screening and clarify billing processes for EPSDT visits. Additionally, this memo will advise on how to bill when providing vision, hearing, and developmental screenings using a standardized instrument during an EPSDT visit.

The EPSDT program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. Federal law (42 CFR § 441.50 et seq) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. The goal of EPSDT is to identify and treat health problems as early as possible. EPSDT provides examination and treatment services at no cost to the enrollee.

Medicaid/FAMIS Plus

EPSDT is the benefit package for Medicaid/FAMIS Plus enrollees under 21 years of age. EPSDT is available to all enrollees under the age of 21 enrolled in Managed Care Organizations, MEDALLION, or Fee-for-Service (FFS) Medicaid.

FAMIS

Most children enrolled in the FAMIS Program are not eligible for EPSDT treatment services. Children who are eligible for the FAMIS program must enroll with a Managed Care Organization (MCO) in

most parts of the state. Although FAMIS enrollees receive well child visits, they are not eligible for the full EPSDT treatment benefit. The EPSDT treatment benefit is available to those FAMIS Fee-for-Service enrollees under the age of 19 when there is no MCO available in their geographic area.

MEDICAID/FAMIS PLUS BENEFITS IN THE DMAS FEE-FOR-SERVICE AND MANAGED CARE ORGANIZATION (MCO) PROGRAMS

DMAS, its contracted MCOs and their providers have the responsibility to provide EPSDT diagnostic and treatment services according to the DMAS periodicity schedule to all Medicaid/FAMIS Plus enrollees under age 21. The full scope of EPSDT treatment is available to all children of Medicaid/FAMIS Plus regardless of their chosen MCO. Therefore, the EPSDT benefit is consistently available to all children enrolled in Medicaid/FAMIS Plus. The EPSDT screenings, treatment, and diagnostic benefits are the same whether they are provided through the enrollee's MCO provider network or through FFS provider network.

EPSDT GOALS

The goals of EPSDT are to identify health concerns, assure that treatment is provided before problems become complex, and to medically justify that services are provided to treat or correct identified problems.

EPSDT is Medicaid's comprehensive and preventive children's health program geared to the early assessment of children's health care needs through periodic examinations. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment more costly.

Defining each word in the title of the program will help to explain the concept of EPSDT:

- **Early** – means as soon as possible in the child's life or as soon as the child's eligibility for assistance has been established.
- **Periodic** – means at intervals established for screening by medical, dental and other health care experts. The types of procedures performed and their frequency will depend on the child's age and health history. The required minimal frequency for screenings is outlined.
- **Screening** – is the use of quick, simple procedures to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive study of their physical and mental problems.
- **Diagnosis** – is the determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history; physical, developmental, and psychological examination, and laboratory tests and x-rays. Physicians who do EPSDT screenings may diagnose and treat health problems discovered during the screening, or they may refer the child to other appropriate sources for such care.
- **Treatment** – is any medically necessary treatment service required to correct or ameliorate defects and physical and mental illnesses and conditions discovered during a screening examination. Any treatment service which is not otherwise covered under the State's Plan for Medical Assistance can be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by DMAS as medically necessary.

EPSDT services include: screening/well child check-ups (EPSDT/Periodic screenings), sick visits (Inter-periodic Screenings), and treatment services to correct a medical condition, make it better, or prevent the child's health status from worsening. * Refer to *attachment for billing code information*

The chart below indicates when a child should receive an EPSDT screening:

INFANCY	EARLY CHILDHOOD	LATE CHILDHOOD	ADOLESCENCE
1 month 2 months 4 months 6 months 9 months 12 months	15 months 18 months 2 years 3 years 4 years	5 years 6 years 8 years 10 years	12 years 14 years 16 years 18 years 20 years

Required EPSDT screening components:

1. A comprehensive health and developmental history (including assessment of both physical and mental health development);
2. A comprehensive unclothed physical exam;
3. Vision screening by a standardized testing method according to the DMAS periodicity schedule;
4. Hearing screening by a standardized testing method according to the DMAS periodicity schedule;
5. Developmental screening with a standard screening tool according to the American Academy of Pediatrics guidelines;
6. Age appropriate immunizations as needed according to the Advisory Committee on Immunization Practices (ACIP) guidelines;
7. Laboratory tests (including lead blood testing at 12 and 24 months or for a new patient with unknown history up to 72 months or as appropriate for age and risk factors);
8. Health Education/Anticipatory Guidance/problem-focused guidance and counseling.

EPSDT screenings are Medicaid's well child visits and should occur according to the DMAS periodicity schedule (attached). Providers must obtain a medical history that is inclusive of mental health risk factors and documents the family's history of mental health conditions.

Regardless of the health care delivery system (whether MCO or FFS), the comprehensive health screening/well child visit content should be in line with the most current recommendations of the **American Academy of Pediatrics (AAP), Guidelines for Health Supervision**. Another resource for preventive health guidelines is the AAP compatible "**Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents**".

SURVEILLANCE, ASSESSMENT, AND SCREENING

Developmental issues and milestones are subjectively observed during each well child visit just as hearing and vision ability is subjectively observed by the practitioner. This practice is referred to as “surveillance”. Surveillance services are always a subjective observation by the practitioner. Reimbursement for well child visits includes surveillance activities because developmental, hearing and vision surveillance occurs during the course of each EPSDT visit. When a child has an issue that warrants further investigation by the practitioner, then the child may receive a screening to document the need for further assessment or evaluation.

Assessment and screening is a reimbursable service when a standard screening tool is used. Assessment and screening differs from surveillance because the activity uses an objective measurement tool. The tools used may vary according to the type of screening or assessment that is provided. An example of a reimbursable screening or assessment is the use of the Ages and Stages Questionnaire during a well child visit in order to assess for developmental delays.

HEARING AND VISION SCREENING AND SURVEILLANCE

Subjective

The subjective screening for hearing and vision is part of the comprehensive history and physical examination. Children’s hearing is assessed according to the AAP policy for “Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening”. Children’s vision assessment should be provided according to the AAP policy for “Eye Examination in Infants, Children, and Young Adults by Pediatricians”. Hearing and Vision screenings follow the most current AAP periodicity schedule as stated in the AAP “Recommendations for Preventive Pediatric Health Care”.

The Virginia Early Hearing Detection and Intervention (EHDI) program, the AAP, and the American Speech-Language-Hearing Association provide information on objective hearing screening methods for infants and toddlers.

The EHDI program has a resource, Protocols for Medical Management, that defines best practices for caring for infants and young children who are in need of follow-up from universal newborn hearing screening programs and for children who are found to have hearing loss. The Early Hearing Detection and Intervention protocols can be accessed the Virginia EHDI Program Web site, <http://www.vahealth.org/hearing/>. Early and consistent intervention specific to hearing loss is essential to achieving normal language development.

Information on vision assessment and surveillance may be found in The American Association for Pediatric Ophthalmology and Strabismus, the American Academy of Ophthalmology, and the American Academy of Pediatrics Section on Ophthalmology.

Screening and Testing Using Standardized Methods

The provision of hearing or vision testing using a standardized instrument during the well child visit is billable on that service day as a distinct service. Hearing and vision testing using a standardized instrument is eligible for reimbursement when performed according to the DMAS periodicity schedule or when required to monitor the progression of hearing or vision loss related to the presence of identified risk factors.

DEVELOPMENTAL ASSESSMENT AND SCREENING

Developmental surveillance and/or assessment must be provided at each well child visit. When necessary, the EPSDT visit should incorporate the use of a standardized developmental screening tool for children under three years of age, as described in the 2006 policy statement of the AAP, "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening."

IMMUNIZATIONS AND LABORATORY TESTS

Age appropriate immunizations should be provided according to the Advisory Committee on Immunization Practices (ACIP) guidelines. All "catch up" schedules for missed vaccines should follow ACIP guidelines.

Lead testing must occur at 12 months and at 24 months of age. When the child is a new enrollee, lead testing is mandated under the age of 6 if there is no medical record to indicate that a lead test was previously administered. Other lab tests such as urinalysis, hematocrit, or hemoglobin tests are required at the AAP recommended intervals. Documentation of such testing is necessary for admission into programs such as Head Start. Head Start programs follow the EPSDT screening guidelines as guidance for their admission policies.

ANTICIPATORY GUIDANCE

Health Education, also called "Anticipatory Guidance", and problem focused guidance and counseling are provided at each well child visit according to developmental needs and with respect to patient cultural backgrounds and literacy levels.

The **Bright Futures** program has family friendly materials that provide useful anticipatory guidance information and age appropriate safety and parenting tips. For more information on Bright Futures, go to the web based training module at <http://www.vahealth.org/brightfutures/index.asp>. DMAS endorses **Bright Futures** and **Bright Futures Virginia**.

EPSDT SCREENING CLAIMS AND BILLING INFORMATION FOR MEDICAID FEE FOR SERVICE PROVIDERS AND MANAGED CARE ORGANIZATIONS *

This section describes how to claim an EPSDT periodic screening or well-child visit and when to bill for an inter-periodic or problem focused visit in lieu of a well child visit. An attached chart lists the Current Procedural Terminology (CPT) codes used to reimburse for well child visit services.

Screening/Well Child Billing Guidance

- **Complete Well Child/EPSDT Screening:** Bill the appropriate evaluation and management (E&M) code for Preventive Medicine Services (screening) when **all services** included in the procedure code **as described in** the Current Procedural Technology (CPT) manual are completed and documented. Use the ICD-9-CM diagnosis codes for a "healthy visit".
- **Incomplete EPSDT Screening:** If screening is incomplete because the child is uncooperative, bill the E&M code for an appropriate office visit and reschedule the child for the next appropriate EPSDT screening/well child visit. Use the ICD-9-CM diagnosis code that defines the child's health status for this "problem focused" visit.

- **Problem Focused or Interperiodic Screening “Sick Visit”:** These are problem-focused screenings that are used to investigate specific health complaints and to refer children for any type of medical or mental health treatment. Use the ICD9-CM diagnosis code that defines the child’s health status for this visit.

** Refer to the DMAS and /or MCO provider manual for detailed billing guidelines*

Billing for Hearing, Vision, and Developmental Screenings during the EPSDT well child or problem focused Visit:

Objective hearing screening (CPT code 92551), vision screening (CPT code 99173), and developmental assessment (CPT code 96110) procedures performed using a standardized screening method on the same date of service as a Preventive Medicine E&M will be reimbursed separately when Modifier 25 is used along with the appropriate E&M code for that visit.

Use the following modifiers, when appropriate as defined by the most recent Current Procedural Terminology (CPT). The recipient’s medical record **must** contain documentation to support the use of the modifier by clearly identifying the significant, identifiable service that allowed the use of the modifier.

- Modifier 22 – Unusual Procedural Service: When the service provided is greater than that usually required for the procedure code. Use of this modifier will cause the claim to pend for manual review and requires an attachment to explain the use of the modifier. Physicians should not apply this modifier unless there are unusual situations that warrant manual review.
- Modifier 24 – Unrelated E&M Service by the same Physician during the post-operative period.
- Modifier 25 – Significant, separately identifiable E&M Service on the same day by the same Physician on the same day of the procedure or other services.
- Modifier 59 – Distinct Procedural Service

Billing for special or inter-periodic EPSDT screenings (Medicaid Fee for Service Providers):

- **Missed Screenings** - If a child misses a regular periodic screening, that child may be screened at the earliest possible time to bring the child into compliance with the AAP-recommended periodicity schedule. Bill per instructions for an EPSDT/Well Child screening.
- **Inter-periodic Screenings** - Screenings may be provided in addition to the regular periodicity schedule screenings for medical evaluation of a specific problem. Inter-periodic screenings may be billed as a sick visit however, it cannot be used to provide a school, Head Start or sports physical when a well child visit was provided earlier that year. If a screening is needed to examine a specific issue or complete a developmental or comprehensive history related to a specific medical issue, then an inter-periodic screening can be provided using the appropriate preventive medicine codes. Any caregiver, medical provider or a qualified health, developmental, or educational professional who comes in contact with the child outside of the formal health care system may request that an evaluative inter-periodic screening be performed. These screenings require a brief narrative justifying the additional inter-periodic screen in the medical record. Providers should submit inter-periodic preventive and objective screening

claims with a **22** Modifier to the procedure code, attach the justification statement to the claim and write **“Attachment”** in **Locator 10D** of the CMS 1500 claim form for proper processing.

- **School Entry, Headstart, and Sports Physicals** - Headstart/school entry and participation in athletics often create opportunities to screen children who are not current for Well Child/EPSTD screening. If the child is **not** current with the Well Child/EPSTD schedule, complete the age appropriate Well Child/EPSTD screen. If the child is current with the Well Child/EPSTD schedule, a request for a Headstart/School Entry or Sports Physical does not justify the need for an inter-periodic medical screening. Providers may document the Well Child/EPSTD screening based on the School Entrance physical forms. However the physical exam is not a covered service when the child is current with his or her well child visit schedule.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect

providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

EPSDT SCREENING PROCEDURE CODES

DESCRIPTION	Age	CPT Code
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INITIAL SCREENINGS

NEWBORN CARE (outpatient)	Normal newborn care	99432
NEW PATIENT	less than 1 year of age	99381*
NEW PATIENT	1-4 years of age	99382*++
NEW PATIENT	5-11 years of age	99383*
NEW PATIENT	12-17 years of age	99384*
NEW PATIENT	18-20 years of age	99385*

PERIODIC SCREENINGS

ESTABLISHED PATIENT	less than 1 year of age	99391*
ESTABLISHED PATIENT	1-4 years of age	99392*++
ESTABLISHED PATIENT	5-11 years of age	99393*
ESTABLISHED PATIENT	12-17 years of age	99394*
ESTABLISHED PATIENT	18-20 years of age	99395*

DEVELOPMENTAL TESTING (Instrument, Interpretation/Report)

SCREENING	0-20	96110
EXTENDED	0-20	96111

LEAD TESTING (Mandatory at 12 mos. and 24 mos. of age)

TESTING (by Lab)	0-20	83655
VENOUS SAMPLE	0-20	36415
CAPILLARY SAMPLE	0-20	36416
SPECIMEN HANDLING	0-20	99000

VISION SCREENINGS

VISION	3-20 years of age	99173
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HEARING SCREENING

HEARING	0-20 years	92551
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Use of the appropriate CPT modifiers on the claim should be indicated as previously defined within this memo or CPT.

**Use appropriate Immunization Codes for scheduled immunizations
++ Lead Testing required at 12 and 24 months*

Virginia EPSDT Periodicity Chart

Age	Birth *	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years	5 years	6 years	8 years	10 years	12 years	14 years	16 years	18 years	20 years
History, Measurements, Physical Exam Lab Tests and Anticipatory Guidance, etc.	Follow the AAP Recommendations for Preventive Pediatric Health Care																				
Mandatory Blood Lead Test							12 & 24 month Blood Lead Test				Lead Test if no prior history										
Immunizations	Immunizations follow American Committee on Immunization Practices (ACIP)																				
Vision Screen	Follow the AAP Recommendations for Preventive Pediatric Health Care																				
Hearing Screen	Follow the AAP Recommendations for Preventive Pediatric Health Care																				
Developmental/ Behavioral Assessment	Follow the AAP Recommendations for Preventive Pediatric Health Care																				
Developmental Testing					Administered at the 9, 18, and 24 month visit																
Dental Services							12 m						Refer for dental services. Dental exams provided every 6 months.								
						If medically necessary refer to Dentist															
Age	Birth *	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years	5 years	6 years	8 years	10 years	12 years	14 years	16 years	18 years	20 years

*Newborn care visits should occur according to the most current American Academy of Pediatrics guidelines.
DMAS allows additional visits following hospital discharge in addition to both the newborn and one month visits.